## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/01/2014	Street:	1015 RIVERSIDE DR	
Incident #:	14ISPCOO2663	Apt, Lot, Room #:		
<b>County</b> :	CASS	City:	LOGANSPORT,	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)   ☐ Residence ☐ Hotel/Motel		
☐ Chemical Seizure ☐ Equipment Seizure ☐ Dumpsite Seizure		Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
<ul> <li>☑ One Pot or Birch Reaction(s): closet of NW bedroom</li> <li>☑ Red Phosphorous/Iodine Reaction(s):</li> <li>☑ Hydrochloric Acid Gas Generator(s): closet of NW bedroom</li> <li>☑ Flammable Solvents: NW bedroom</li> <li>☑ Water Reactive Metal (Lithium): NW bedroom</li> </ul>		<ul> <li>☐ Anhydrous Ammonia:</li> <li>☐ Corrosive Acid: NW bedroom</li> <li>☐ Corrosive Base:</li> <li>☐ Ammonium Nitrate/Sulfate: NW beroom</li> <li>☐ Other (item and location):</li> </ul>		
Child under age 18 discovered (check appropriate)				
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often Living conditions of home: ☐ clean ☐ disarray ☐ unclean		occurring: Additiona	Estimated length of time manufacturing had been occurring: <u>Unknown</u> Additional Information: <u>Lab was recovered at same residence on 03/26/2014</u>	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: Logansport Fire Fax: e-mailed Health Department County: Cass Co. Fax: e-mailed Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Wendell Beachy</u> Phone <u>765-473-6666</u>				

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.